Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09619450

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPEO			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			16					RATE	≫FEE••	*****	PRATE	FEE!	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00 [/]	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			(<i>Q</i> minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			₩ minus 3 =		*			X40=,		OR	X80=	80	
MULTIPLE DEPENDENT CLAIM PI			RESENT					125		-	1270-		
* If the difference in column 1 is less than zero, enter "0" in column 2								+135=		OR	+270=	O(I/I)	
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	THAN	
		(Column 1)	MENDED	(Colu		(Column 3)	6	SMALL	ENTITY	OR!	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL LFEE		RATE)	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	.X\$18⊨		
	Independent	*	Minus	***	•	=,		₹ X40 = <i>[</i> -		ÓВ	¥X80≅	212	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							144			#4270=		
(Column 1) (Column 2) (Column 3)								+135≦ TOTAL ADDIT. FEE		OR OR	TOTAL ADDIT FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		×40= ∗	*******	OR	₃⊹,X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							105	7,500		670		
						٠		+135= TOTAL		OR	+270= / TOTAL		
٠.,			1					ADDIT. FEE		OR	ADDIT FEE		
		(Column 1) CLAIMS		7.3			= 1						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	* * * *	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		<u> </u>		X\$ 9=	- oc. since weigh	OR"	∵X\$18=≟	· 李	
	Independent	*	Minus	***		=		X40=		ÓR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH			
											+270=		
** If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													